

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan WESTERN GROWERS ASSURANCE TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 04/01/1957
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WESTERN GROWERS ASSURANCE TRUST 6501 IRVINE CENTER DR STE 100 IRVINE, CA 92618-2134
2b	Employer Identification Number (EIN) 95-2500201
2c	Plan Sponsor's telephone number 949-863-1000
2d	Business code (see instructions) 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/09/2025	STEVE MANGAPIT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/09/2025	STEVE MANGAPIT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 19650
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 19650 6a(2) 17609 6b 6c 6d 17609 6e 6f 17609 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 5
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☒ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☒ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 150877823

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan WESTERN GROWERS ASSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN GROWERS ASSURANCE TRUST	D Employer Identification Number (EIN) 95-2500201	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312		1973	47	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3706	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WESTERN GROWERS INSURANCE SERVICES 6501 IRVINE CENTER DRIVE
IRVINE, CA 92618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3706			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	43018
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....	9a(4)	43018
b Benefit charges (1) Claims paid.....	9b(1)	23847
(2) Increase (decrease) in claim reserves	9b(2)	-3410
(3) Incurred claims (add (1) and (2)).....	9b(3)	20437
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	3706
(B) Administrative service or other fees	9c(1)(B)	12969
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	16675
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves.....	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan WESTERN GROWERS ASSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN GROWERS ASSURANCE TRUST	D Employer Identification Number (EIN) 95-2500201	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312		00810	1945	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 11473	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WESTERN GROWERS INSURANCE SERVICES 6501 IRVINE CENTER DRIVE
IRVINE, CA 92618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11473			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid.....	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3)).....		9a(4)		0
b Benefit charges (1) Claims paid.....	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2)).....		9b(3)		
(4) Claims charged		9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies.....	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention		9c(1)(H)		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
(2) Claim reserves		9d(2)		
(3) Other reserves.....		9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	765071
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan WESTERN GROWERS ASSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN GROWERS ASSURANCE TRUST	D Employer Identification Number (EIN) 95-2500201	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier UNITED STATES FIRE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5459190	21113	US 1181935	0	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	
	(6) Total additions.....	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)	7e(5)	
	(5) Total deductions.....	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☒ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		18398582
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	18398582
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan WESTERN GROWERS ASSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN GROWERS ASSURANCE TRUST	D Employer Identification Number (EIN) 95-2500201	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
SWISS RE CORPORATE SOLUTIONS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-0311919	29874	ESL 1001853 00	16122	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☒ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	3833535
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	3833535
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan WESTERN GROWERS ASSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN GROWERS ASSURANCE TRUST	D Employer Identification Number (EIN) 95-2500201

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7328765	95789	A18686	134	07/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid.....	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3)).....		9a(4)		0
b Benefit charges (1) Claims paid.....	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2)).....		9b(3)		
(4) Claims charged		9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies.....	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention		9c(1)(H)		
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
(2) Claim reserves		9d(2)		
(3) Other reserves.....		9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11993
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan WESTERN GROWERS ASSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN GROWERS ASSURANCE TRUST	D Employer Identification Number (EIN) 95-2500201

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

 Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..

Yes

x

 No
- b

 If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WESTERN GROWERS INSURANCE SERVICES

46-3215026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	AFFILIATE	8075113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WESTERN GROWERS SERVICE CORPORATION

33-0783743

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	AFFILIATE	3424202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PINNACLE OPERATING ACCOUNT

33-0812456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 22 49 99	AFFILIATE	2601282	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ANTHEM BLUE CROSS OF CALIFORNIA

95-3760980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		2273098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RIGHTWAY HEALTHCARE, INC

82-0865206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		683085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ALLIANT INSURANCE SERVICES INC

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		503584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WESTERN GROWERS FINANCIAL SERVICES

91-2038676

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 55 99	AFFILIATE	483799	Yes ☒ No ☐	Yes ☒ No ☐	13110	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

RELATION INSURANCE SERVICES, INC

26-1441725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		451575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BARKLEY, AN ALERA INSURANCE AGENCY

81-4473358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		396164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PREFERRED MEDICAL MARKETING CORP

56-1544376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		313746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE IRVINE CO/DISCOVERYVIII-IX

83-2691130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		313641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JAMES G PARKER

94-2494444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		293827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIRST HEALTH

20-1736437

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		266927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MARSH USA INC

36-1436000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23		266511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TRAFFIK, LLC

32-0045529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		232813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HUB INTERNATIONAL/DER MANOUEL INS

33-0315047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		222653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BLAIR CARLISLE

88-0743488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		209071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BLUE CROSS BLUE SHIELD OF AZ

86-0004538

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		193156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WINTON IRELAND INSURANCE AGENCY

94-2667917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		191651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PALMS-FS, LLC

20-8424906

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		187724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

GALLAGHER BENEFIT SERVICES INC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		187315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MCCLEMENTS INSURANCE SERVICES, LLC

580 BROADWAY STREET
SUITE 123
LAGUNA BEACH, CA 92651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		184298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CONSIDINE & ASSOCIATES INC

82-3383419

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		166455	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

DEERWALK INC

26-4710932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49		141756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MEDECISION INC

23-2530889

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		141155	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

USI INSURANCE SERVICES LLC

13-3771734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		139990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RELATION INSURANCE SERVICES OF CA

26-4823657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		138604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MICROSOFT CORP

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		132879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WESTERN GROWERS

95-1362030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	AFFILIATE	115503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHANGE HEALTHCARE

20-5716594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		114608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DOCUSTREAM INC

94-3302272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12		108528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JOHNSON SERVICE GROUP, INC

36-3321537

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		99029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

KFORCE INC

59-3264661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		92032	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LOCKTON COMPANIES, LLC

20-3354970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		90648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TTEC DIGITAL, LLC

84-1291044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		88266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

VMS SOFTWARE INC

46-5640599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		83381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TEK SYSTEMS

38-3858542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		82874	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CENTURYLINK / LEVEL 3

47-0735805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		81697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ADEPT EMPLOYEE BENEFITS & INS SERV

85-1014520

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		80423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALCHEMY DATA CENTERS, LLC

84-4252020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		79972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		77648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

INTELLI-TECH

95-4496919

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		74016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PAYCOM PAYROLL LLC

26-0302465

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49		73595	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

KIBBLE & PRENTICE HOLDING COMPANY

91-1176315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		69549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

VERUS INSURANCE SERVICES LLC

81-1118004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		63136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

KONICA MINOLTA

13-1921089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 99		56159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RANCHO LLANO DEVELOPMENT LLC

47-0904865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		52398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

OPTUM 360

41-1858498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		51553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DM KING

95-3734275

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		50751	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PROFESSIONAL BENEFITS TEAM INC

84-3239530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 99		50628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE PHOENIX STAFFING, LLC

47-4260539

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		50272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VOLT

13-3568039

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		49242	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FAIR HEALTH INC

90-0524293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		45556	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RANDY S OLVEIRA

14901 DAVID CT
BAKERSFIELD, CA 93314

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		44103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COPPERPOINT INSURANCE CO

45-3829954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23		44058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

NTH GENERATION COMPUTING INC

33-0451285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		40905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TONI ANNE DASHIELL

143 SPANISH PASS
BOERNE, TX 78006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		40380	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE ERISA ADVISORY GROUP

45-2841488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70		38313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

DAWN US HOLDINGS LLC

83-0679216

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		36868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

S&L INTERNATIONAL

95-4511453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		36639	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VISION SERVICE PLAN

94-1632821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		36026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PCF INSURANCE SVCS OF THE WEST LLC

82-1368960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		34535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

HAPPYFOX INC

99-0385819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		34525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

KEVIN SALTZMAN INC

20-0142443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		34181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

YAMAMOTO INSURANCE & MARKETING SVCS

85-0838232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		32451	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CENTERED INSURANCE SOLUTIONS INC

85-3923616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		31999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ADVIZEX TECHNOLOGIES, LLC

37-1504931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		30557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

YUMA INSURANCE INC

86-0685676

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		30135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CENTURYLINK-LEVEL 3

84-0273800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		29610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JAMES B OLIVER COMPANY

94-1618703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		28866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHANGE HEALTHCARE

20-2576594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		27758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SOUTHERN CALIFORNIA EDISON

95-1240335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		27493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PITSCH INSURANCE AND INVESTMENTS

86-0814671

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		27223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CDF LABOR LAW LLP

33-0633441

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		27070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CLARIZEN INC

20-8212218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		26586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LEWIS BRISBOIS BISGAARD & SMITH LLP

95-3720522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		25938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BEYONDDID, INC

83-3416435

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHRISTYN ALLEN COCHRAN

280 JOHNSON ROAD
WATSONVILLE, CA 95076

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		24915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DIBUDUO & DEFENDIS INSURANCE BROKER

94-1530342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		24784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AGILITY RECOVERY SOLUTIONS

03-0464184

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		24696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MORRIS AND GARRITANO INSURANCE

95-2304670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		23920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BENEFICIAL MAINTENANCE SERVICES

26-3115350

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		22996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

HUB INTERNATIONAL C/O DEBRA PICKETT

94-2239750

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		20938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ASSUREDPARTNERS OF CA INS SVCS LLC

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		22879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ZIXCORP

75-2834355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		22400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

IMAGENET LLC

47-0885172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12		22351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

INSTANT INFOSYSTEMS

95-4400744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		22232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UNITED PARCEL SERVICE

36-2407381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		21635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PARSEC GROUP

68-0099937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		21456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CYBERGUARD COMPLIANCE LLP

82-0904176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		21420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THOMSON REUTERS

41-1426973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		20792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AT&T MOBILITY

64-0696649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		21692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ABD INSURANCE AND FINANCIAL SVCS

27-0673528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		20325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WYNN LAS VEGAS, LLC

46-0484987

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		19918	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SOUTHWEST MANAGEMENT OF ARIZONA

86-0517933

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		19881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE MCSHERRY GROUP LLC

83-2690791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		19827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MULTICARD

27-3777186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		19360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

DELL MARKETING LP

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		19331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PRINCIPAL BANK

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		19110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MICHAEL PAGE FINANCIAL SERVICES

2680 E 24TH STREET
YUMA, AZ 85365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		18485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BUCK GLOBAL LLC

83-1116912

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		17309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PG&E

94-0742640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		17237	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BRYSON INSURANCE AGENCY INC

95-3293716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		16095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

IRON MOUNTAIN

04-3038590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		16089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EXECUTIVE FINANCIAL BENE-FACTS INC

95-4515665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		15694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COX BUSINESS

95-2755479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 99		15284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SONITROL ORANGE COUNTY, LLC

91-2043759

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		15191	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FARM CREDIT SERVICES SOUTHWEST FLCA

94-1185307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		15048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ANTHEM BLUE CROSS LIFE & HEALTH INS

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		13887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CENTURYLINK

36-3098226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30		12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SAND CANYON BUSINESS CENTER LLC

13-3177751

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		12432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CROWN BUILDING MAINTENANCE

94-1500734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		12423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JAMS INC

68-0542699

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		12350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MONTEREY PLAZA HOTEL

94-3182133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		11988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COUNTY OF ORANGE

95-6000928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		11759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BAY AND BASIN INSURANCE SVCS LLC

87-2152110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		11493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MGM RESORTS INTERNATIONAL

88-0215232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		11221	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ATLASSIAN PTY LTD

98-0425787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		11050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LEAP CARPENTER KEMP

94-1434076

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		10974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ZOOM VIDEO COMMUNICATIONS

61-1648780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		10921	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MONTOYA GROUP LLC

86-1021524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		10748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ALKEME INSURANCE SERVICES, INC

83-1773439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		10324	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LINKEDIN CORPORATION

47-0912023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		9853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEABURY, COPLAND & ANDERSON INS.

94-2610731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		9668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

OFFICE ALLY

33-0897513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12		9478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		9410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CANON FINANCIAL SERVICES, INC.

22-3056822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		8900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ANDREINI AND COMPANY

94-1482568

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		8578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CORRAL DE TIERRA COUNTRY CLUB

94-1406809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		8546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RONALD G STERLING

1805 N. FLIN STREET, SUITE 101
FRESNO, CA 93727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		8058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

RICO PFITZER PIRES EMP BENEFITS SVC

82-0785899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		7721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SHERRI J NUNES

PO BOX 1028
VISALIA, CA 93279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		7528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VERIZON WIRELESS

22-3723921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		7243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MICHAEL B KELLY INSURANCE SVCS INC

30-0540100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		7122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SG DOWNTOWN LLC

46-4645234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		7122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE LIBERTY CO INSURANCE BROKERS

27-0063026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		7060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MULTIPLAN INC

13-3068979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		7026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MOMENTUM TELECOM INC

63-1248402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		6795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SAP PUBLIC SERVICES, INC

54-1865804

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		6752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

NFP CORPORATE SERVICES

20-1941665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		6722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STERICYCLE, INC

36-3640402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		6522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MELISSA ANNE HUTCHENS

14901 DAVID COURT
BAKERSFIELD, CA 93314

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22		6270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ACC BUSINESS

13-4924710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		6215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

GLOBAL GIFTING LLC

47-4677513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		6004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BMC SOFTWARE INC

74-2126120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		5980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THOMPSON REUTERS

75-1297386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		5936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CROWN CASTLE FIBER LLC

01-0570431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		5902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TULLY MANOR INVESTMENTS LLC

27-2819077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		5898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MAIL DELIVERY SERVICE CO

33-0958220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		5479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TOM ANDERSON

21421 STONEHAVEN LANE
LAKE FOREST, CA 92630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		5280	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

C&R CLEANING AND REPAIR SVCS LLC

82-2493367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99		5200	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan WESTERN GROWERS ASSURANCE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN GROWERS ASSURANCE TRUST		
		D Employer Identification Number (EIN) 95-2500201

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6941588	10729027
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11073171	2207462
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3154448	5222613
(2) U.S. Government securities	1c(2)	68784217	67432709
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	178200	212700
(B) All other	1c(3)(B)	993060	993620
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34462709	48937173
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	2152331	1883727
f Total assets (add all amounts in lines 1a through 1e)	1f	127739724	137619031
Liabilities			
g Benefit claims payable	1g	44770874	37844417
h Operating payables	1h	11104722	9088755
i Acquisition indebtedness	1i		
j Other liabilities	1j	1656307	1241787
k Total liabilities (add all amounts in lines 1g through 1j)	1k	57531903	48174959
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	70207821	89444072

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	191681415	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		191681415
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	341496	
(B) U.S. Government securities	2b(1)(B)	2067077	
(C) Corporate debt instruments	2b(1)(C)	88772	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	521495	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3018840
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10244404	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		204944659

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	145879888	
(2) To insurance carriers for the provision of benefits.....	2e(2)	5951301	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		151831189
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	459074	
(2) Contract administrator fees.....	2i(2)	2852907	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	458322	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	30106916	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		33877219
j Total expenses. Add all expense amounts in column (b) and enter total	2j		185708408

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19236251
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MOSS ADAMS LLP**

(2) EIN: **91-0189318**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



Report of Independent Auditors and Financial Statements with
Supplementary Information

Western Growers Assurance Trust

June 30, 2024 and 2023



MOSSADAMS

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Report of Independent Auditors

The Board of Trustees
Western Growers Assurance Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Western Growers Assurance Trust, subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligation of Western Growers Assurance Trust as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Western Growers Assurance Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Western Growers Assurance Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Western Growers Assurance Trust 's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Western Growers Assurance Trust 's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Other Matter

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of June 30, 2024, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Irvine, California
November 13, 2024

Financial Statements

Western Growers Assurance Trust
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
CASH AND CASH EQUIVALENTS	\$ 10,729,027	\$ 6,941,588
INVESTMENTS, AT FAIR VALUE (Note 3)		
Money market funds	5,222,613	3,154,448
Mutual funds and other	48,937,173	34,462,709
Corporate notes, bonds, and preferred stocks	1,206,320	1,171,260
U.S. government securities, federal agencies, and municipalities	<u>67,432,709</u>	<u>68,784,217</u>
Total investments	122,798,815	107,572,634
OTHER RECEIVABLES	1,529,153	8,532,460
PREPAIDS AND DEPOSITS (Note 5)	678,309	2,540,711
EQUIPMENT, SOFTWARE, AND IMPROVEMENTS, net of accumulated depreciation of \$5,370,007 and \$5,221,000 as of June 30, 2024 and 2023, respectively	791,565	685,351
OPERATING LEASE RIGHT-OF-USE ASSETS	<u>1,092,162</u>	<u>1,466,980</u>
Total assets	<u>137,619,031</u>	<u>127,739,724</u>
LIABILITIES		
DUE TO AFFILIATES (Note 8)	635,196	991,023
ACCOUNTS PAYABLE	6,376,513	8,495,596
ACCRUED LIABILITIES	1,825,963	1,513,888
TAXES AND FEES PAYABLE	251,083	104,216
DEFERRED REVENUE	149,625	189,327
OPERATING LEASE LIABILITIES	<u>1,092,162</u>	<u>1,466,980</u>
Total liabilities	<u>10,330,542</u>	<u>12,761,030</u>
COMMITMENTS AND CONTINGENCIES (Notes 4, 10 and 11)		
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 127,288,489</u></u>	<u><u>\$ 114,978,694</u></u>

See accompanying notes.

Western Growers Assurance Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
NET CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS		
Additions to assets attributed to		
Employer contributions	<u>\$ 191,681,415</u>	<u>\$ 194,478,262</u>
Investment return		
Interest and dividends	3,018,840	1,495,925
Net appreciation in fair value of investments	<u>10,244,404</u>	<u>5,344,141</u>
Total investment return	<u>13,263,244</u>	<u>6,840,066</u>
Total additions	<u>204,944,659</u>	<u>201,318,328</u>
Deductions from plan assets attributed to		
Medical, dental, and vision claims, net of reinsurance recoveries of \$11,327,313 and \$9,112,031 for the years ended June 30, 2024 and 2023, respectively	152,697,167	152,638,392
Life insurance premiums	122,822	118,305
Reinsurance premiums	5,951,302	6,223,085
Salaries and administrative fees	9,654,148	9,193,401
Payroll taxes and benefits	4,980,823	4,493,000
Data processing fees	497,815	497,814
Outside services	4,254,055	4,034,772
Field service fees	7,915,698	8,207,011
Professional fees	95,341	28,338
Consulting fees	822,055	847,298
General insurance	271,127	263,349
Travel	228,826	177,495
Rent	688,657	1,379,362
Equipment repair and maintenance	896,784	1,182,900
Reproduction and printing	482,747	492,850
Meetings	80,688	54,412
Postage and shipping	376,045	359,200
Depreciation and amortization	258,010	395,015
Telephone and communications	293,881	481,086
Office supplies	243,797	288,964
Bank service charges	37,809	25,352
Publications, dues, and subscriptions	336,828	288,496
Provision for income taxes	1,270,481	924,423
Taxes and fees	104,012	115,803
Miscellaneous	<u>73,946</u>	<u>73,805</u>
Total deductions	<u>192,634,864</u>	<u>192,783,928</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	12,309,795	8,534,400
NET ASSETS AVAILABLE FOR BENEFITS, beginning of the year	<u>114,978,694</u>	<u>106,444,294</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of the year	<u><u>\$ 127,288,489</u></u>	<u><u>\$ 114,978,694</u></u>

See accompanying notes.

Western Growers Assurance Trust
Statements of Benefit Obligations
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE		
Amounts currently payable to or for participants, beneficiaries, and dependents – medical, dental, and vision claims, and premiums due to insurance companies	\$ 2,034,204	\$ 1,914,758
Other obligations for current benefit coverage, at estimated amounts, including claims incurred but not reported	<u>35,810,213</u>	<u>42,856,115</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 37,844,417</u>	<u>\$ 44,770,873</u>

See accompanying notes.

Western Growers Assurance Trust
Statements of Changes in Benefit Obligations
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE		
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	\$ 1,914,758	\$ 1,498,420
Claims reported and approved for payment	152,816,613	153,054,730
Claims paid, net of reinsurance recoveries	<u>(152,697,167)</u>	<u>(152,638,392)</u>
Balance at end of year	<u>2,034,204</u>	<u>1,914,758</u>
Amounts due to insurance companies		
Balance at beginning of year	-	-
Premiums due during the year	122,822	118,305
Premiums paid	<u>(122,822)</u>	<u>(118,305)</u>
Balance at end of year	<u>-</u>	<u>-</u>
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	42,856,115	42,856,115
Net change during the year	<u>(7,045,902)</u>	<u>-</u>
Balance at end of year	<u>35,810,213</u>	<u>42,856,115</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 37,844,417</u></u>	<u><u>\$ 44,770,873</u></u>

See accompanying notes.

Western Growers Assurance Trust

Notes to Financial Statements

Note 1 – Description of the Plan

Western Growers Assurance Trust (the Plan) is established for the sole and exclusive benefit of providing participating employers insured group life and group accident insurance and self-funded health benefits. The following description of the Plan provides only general information. Participating employers should refer to their respective participation agreements.

General – The Plan is sponsored by Western Growers Association (WGA) and is a tax-exempt, multiple employer welfare arrangement health benefit plan. The Plan is self-funded and established under ERISA (29 U.S.C. 1001, et seq.). It is not an insurance contract and the Plan is not acting as or deemed to be an insurance company. The benefits provided are for employees of participating employers affiliated with the California and Arizona fresh produce and nut industries. The Plan holds a current and valid certificate of compliance from the California Department of Insurance (CDI). The Plan has adopted a self-funding program for group medical and vision benefits and some dental care benefits. The Plan processes the majority of medical and dental and some vision claims. Most vision claims are processed by VSP and Blue View (a division of Blue Cross). The Plan's life insurance benefits are provided by BC Life and Health Insurance Company. The Plan has entered into an agreement with Pinnacle Claims Management, Inc., a WGA subsidiary, to manage pharmaceutical benefits provided to plan participants, which are also self-funded.

Funding policy – The Plan is funded by participating employer contributions and income earned on investments. The Plan uses sound actuarial and underwriting principles in determining contributions made to the Plan by participating employers. These rates are evaluated by the Plan's actuary and underwriters to ensure that contribution rates are adequate to pay existing and future claims. Contributions vary among employer members based on the type of benefit coverage received as documented in each employer's participation agreement.

Contributions – Contributions are calculated based on rates approved by the Trustees of the Plan in accordance with the coverage provided and are applied to the number of participants covered per the census of employer members. Contributions are recognized as increases in plan assets in the applicable period of coverage.

Plan termination – Although they have not expressed the intent to do so, the Trustees of the Plan have the right to terminate the Plan. The Plan may be terminated by the consent of a majority of the trustees upon 30 days' written notice. In the event of termination of the Plan, the trustees shall apply the assets of the Plan to pay any and all obligations of the Plan and distribute and apply any remaining surplus in such a manner as will, in their opinion, best effectuate the purpose of the Plan by providing permissible benefits to participants or distributing such assets for their benefits.

Western Growers Assurance Trust

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies

Cash and cash equivalents – The Plan considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Investment valuation and revenue recognition – Investments are reported at fair value. If available, quoted market prices are used to value investments. Purchases and sales of investments are recorded on a trade date basis. Net appreciation in fair value of investments includes gains and losses on investments bought, sold, and held during the year. Interest income is recorded on the accrual basis of accounting and dividends are recorded on ex-dividend dates. Money market funds are recorded at cost, which approximates fair value.

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a framework for measuring fair value in accordance with U.S. generally accepted accounting principles (GAAP), and expands disclosures about fair value measurements.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an “exit price”) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Inputs refer broadly to the assumptions that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the reporting entity. The standard describes three levels of inputs that may be used to measure fair value as:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

Concentrations of credit risk – Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of cash and cash equivalents, investments, and receivables. The Plan maintains its cash with financial institutions. Cash and cash equivalents and investment balances may at times exceed federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents and investments.

Western Growers Assurance Trust

Notes to Financial Statements

Transactions with affiliates of the plan sponsor – WGA, as plan sponsor, or its subsidiary companies, has entered into agreements on behalf of the Plan to provide administrative services, office space, data processing services, printing services, and field services to the Plan, in addition to certain healthcare programs and services related to clinic operations, pharmacy, and disease management benefits under the Plan (see Note 9). Additionally, the Plan entered into a joint lease agreement for shared office space for the headquarters of both the Plan and its sponsor, WGA, and its subsidiary companies. In management's opinion, such amounts approximate those charges that would have been incurred if contracted with unrelated parties. In addition, an outside fiduciary consultant reviews these charges.

Recently adopted accounting pronouncements – In June 2016, the FASB issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which introduces a new accounting model for estimating credit losses on financial assets, including trade receivables. The new model, known as the Current Expected Credit Loss (CECL) model, requires a forward-looking approach to estimating expected credit losses, rather than the previous incurred loss model. Effective July 1, 2023, the Trust adopted the CECL standard, using a modified retrospective approach; however, the adoption did not have a material impact on the Trust's financial position, changes in net assets, or cash flows.

Equipment, software, and improvements – Equipment, software, and improvements with a cost greater than \$5,000 are recorded at cost. Assets purchased for less than \$5,000 are included in deductions from Plan assets in the year purchased. Depreciation is computed on a straight-line basis over the estimated useful lives of equipment (three to ten years), software (five years), and improvements (ten years, or lease term, whichever is less). The majority of all assets recorded within equipment, software, and improvements was jointly acquired by the Plan and WGA. As such, title vests with both the Plan and WGA.

Leases – In the ordinary course of business, the Plan may enter into a variety of lease arrangements. The Plan determines whether the arrangement is or contains a lease at inception and only reassesses its determination if the terms and conditions of the agreement are changed. Transactions give rise to leases when the Plan receives substantially all the economic benefits from and can direct the use of a specified property and equipment. ROU assets are included within the Plan's non-current assets, and lease liabilities are included in non-current liabilities on the Plan's statement of net assets available for benefits. The ROU assets and lease liabilities were calculated using the interest rate included in the underlying agreement. If no interest rate is stated in the agreement, the Plan uses the risk-free rate in accordance with their elected policy.

ROU assets represent the Plan's right to use, or control the use of, a specified asset for the lease term. Lease liabilities are the Plan's obligation to make lease payments arising from a lease and are measured on a discounted basis. ROU assets and lease liabilities are recognized based on the present value of the future minimum lease payments over the lease term on the commencement date. The ROU asset includes any lease payments made and initial direct costs incurred and excludes lease incentives. The lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for minimum lease payments is recognized on a straight-line basis over the lease term.

Western Growers Assurance Trust

Notes to Financial Statements

Other obligations for current benefit coverage, at estimated amounts – The Plan accrues estimated medical, dental, and vision claims based on historical experience and expected trends in claim frequency and severity, which are estimated by the Plan's actuary in accordance with accepted actuarial principles. These accruals represent claims reported, as well as claims incurred but not reported. The Plan retains an independent actuary to perform an annual review of the actuarial projections. Amounts for claims payments incurred related to prior years vary from previously estimated liabilities as the claims ultimately are settled. While management believes that the amounts recorded are reasonable, there can be no assurance that the amount of such claims actually paid will equal the amounts recorded. Differences between actual claims paid and previous estimates are recorded in the period of payment.

Use of estimates – The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, amounts incurred but not reported, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions to net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risks and uncertainties – The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Compliance with insurance code – The California Insurance Code Section 742.24(k) requires the Plan maintain appropriate loss and loss adjustment reserves as determined by sound and actuarial principles, and section 742.24(n) requires that the Plan maintain a surplus of \$4,000,000. At June 30, 2024 and 2023, the net assets available for benefits of the Plan significantly exceeded these requirements.

Note 3 – Investments

The following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Registered investment companies (mutual funds) – Shares of registered investment company funds (or mutual funds) are valued at the net asset value (NAV) of shares held by the Plan and are valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities, federal agencies, and municipalities – Valued at the closing price reported on the major market on which the individual securities are traded or have reported broker trades which may be considered indicative of an active market. Where quoted prices are available in an active market, the investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available for the specific security, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, discounted cash flows, and other observable inputs. Such securities are classified within Level 2 of the valuation hierarchy.

Western Growers Assurance Trust

Notes to Financial Statements

Corporate notes, bonds, and preferred stocks – Valued using pricing models maximizing the use of observable inputs for similar securities which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Money market funds – Carrying amounts approximated their fair values at June 30, 2024 and 2023, because of the terms and relatively short maturities of these financial instruments.

Fair values of investments have been determined by the Plan from observable inputs, as reflected below. The following tables present the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of June 30, 2024 and 2023:

June 30, 2024				
	Total	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Money market funds	\$ 5,222,613	\$ 5,222,613	\$ -	\$ -
Mutual funds and other	48,937,173	48,937,173	-	-
Corporate notes, bonds, and preferred stocks	1,206,320	-	1,206,320	-
U.S. government securities, federal agencies, and municipalities	67,432,709	66,683,873	748,836	-
	<u>\$ 122,798,815</u>	<u>\$ 120,843,659</u>	<u>\$ 1,955,156</u>	<u>\$ -</u>
June 30, 2023				
	Total	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Money market funds	\$ 3,154,448	\$ 3,154,448	\$ -	\$ -
Mutual funds and other	34,462,709	34,462,709	-	-
Corporate notes, bonds, and preferred stocks	1,171,260	-	1,171,260	-
U.S. government securities, federal agencies, and municipalities	68,784,217	68,025,034	759,183	-
	<u>\$ 107,572,634</u>	<u>\$ 105,642,191</u>	<u>\$ 1,930,443</u>	<u>\$ -</u>

Investment custodian, party-in-interest – Wells Fargo Trust Services Group was the custodian of the Plan's investments. In February 2022, Principal Bank and Principal Trust Company acquired Wells Fargo Trust Services Group at which time they assumed custody of the investments.

Western Growers Assurance Trust

Notes to Financial Statements

Note 4 – Reinsurance

The Plan's reinsurance coverage runs on a calendar year policy basis and provides coverage when health claims exceed specified limits. For the fiscal year ended June 30, 2023 and through December 31, 2023 of fiscal year 2024, the Plan had a specific and aggregate stop-loss insurance contract with United States Fire Insurance Company. Under this policy, the Plan maintained a \$1,000,000 aggregating specific deductible, with a \$1,000,000 specific deductible per individual. The Plan's current reinsurance policy, effective January 1, 2024, is with Swiss Re Corporate Solutions and has a \$1,000,000 aggregating specific deductible, with a \$1,250,000 specific deductible per individual. For all contract periods, the individual specific deductible includes an unlimited maximum and, at the aggregate level, a maximum annual reimbursement of \$1,000,000 beyond 125% of expected claims (medical, pharmacy, and dental) of the entire plan.

The Plan ceded losses approximating \$11,327,000 and \$9,112,000 during the years ended June 30, 2024 and 2023, respectively, under the reinsurance contract. Ceded losses could become a liability of the Plan to the extent that the reinsurer is unable to meet its obligations under the reinsurance contract.

Note 5 – Prepaids and Deposits

In the course of its ongoing business, the Plan may enter into risk-sharing arrangements with its contracted provider networks. During the year ended June 30, 2024, the Plan had one such contract with Delta Dental, for certain benefits that are offered to plan participants.

The Plan has a guaranteed administration agreement with Delta Dental that allows for any annual positive stabilization (surplus) to be used to buy down annual renewal rates, increase benefits, or provide a premium holiday. The contract renews on January 1, generally for either a one- or two-year period, based on the Plan's affirmative acceptance of Delta's renewal rates. At June 30, 2024 and 2023, the Plan had an accrued cumulative stabilization balance of approximately \$150,000 and 189,000, respectively. The Plan's policy is to use surplus amounts available under this contract to buy down the cost of future benefits to the Plan.

The surplus under the Delta Dental arrangement is currently reflected as a part of prepaids and deposits in the accompanying statements of net assets available for benefits.

Western Growers Assurance Trust

Notes to Financial Statements

Note 6 – Equipment, Software, and Improvements

Equipment, software, and improvements consisted of the following at June 30:

	2024	2023
Building improvements	\$ 360,155	\$ 360,155
Data processing equipment	4,243,379	4,005,045
Furniture and fixtures	804,788	804,788
Computer software/license	681,717	664,830
Other equipment	71,533	71,533
	6,161,572	5,906,351
Less accumulated depreciation and amortization	(5,370,007)	(5,221,000)
	<u>\$ 791,565</u>	<u>\$ 685,351</u>

Note 7 – Provision for Income Taxes and Excise Taxes

The trust established under the Plan to hold the Plan's assets is intended to be qualified under Internal Revenue Code (IRC) Section 501(c)(9) and be exempt from federal income taxes under IRC Section 501(a). The Plan received a favorable tax exemption letter, dated December 6, 1974, from the Internal Revenue Service (IRS). Management of the Plan believes that the trust, as amended, continues to qualify and operate in accordance with applicable provisions of the IRC.

The Plan has investments that potentially generate unrelated business income that is shown as interest and dividends and realized gains and losses on the statements of changes in net assets available for benefits. Pursuant to section 511 of the IRC, the Plan has recorded a deduction for federal income tax on the taxable portion of this income in the amount of approximately \$827,000 and \$572,000 in the statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023, respectively. Similarly, state income tax provisions of approximately \$443,000 and \$352,000 were recorded in the statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023, respectively. Federal and state tax expenses for 2024 reflect estimated tax on realized gains that are less than those from 2023. Federal and state overpayments from both previous tax years were applied to the subsequent years' tax liabilities.

Western Growers Assurance Trust

Notes to Financial Statements

Note 8 – Transactions with Parties-in-Interest

Affiliated entities provide administrative services, data processing services, data processing equipment, printing, reproduction services, and field services to the Plan. Amounts incurred by the Plan represent allocated costs from the respective affiliated entities. Payments to affiliates for these services less back office cost reimbursement from an affiliated third-party administrator approximated \$4,428,000 and \$4,966,000 for the years ended June 30, 2024 and 2023, respectively. The Plan has an agreement with an affiliate to provide investment portfolio management services. Fees paid to this affiliate were \$468,000 for each of the years ended June 30, 2024 and 2023. The Plan also has an agreement with an affiliate's pharmacy benefits management (PBM) division for the management and delivery of pharmacy benefits offered under the Plan. Pharmacy costs were approximately \$27,660,000 and \$28,074,000 for the years ended June 30, 2024 and 2023, respectively. Additionally, the Plan has management agreements with the above-mentioned third-party administrator to provide disease management and wellness services, contracted medical services at two Cedar clinics, and reinsurance claims processing, as well as acts as commissionable broker of record for the reinsurance policy. Payments for these services approximated \$2,772,000 and \$3,032,000 for the years ended June 30, 2024 and 2023, respectively. As of June 30, 2024 and 2023, amounts due from affiliates were approximately \$1,291,000 and \$1,267,000, respectively.

Note 9 – Employee Benefits

The employees of the Plan participate with various WGA affiliates in a defined-contribution retirement plan, which covers all employees who have completed one year of service. The Plan contributed for each participant an amount equal to 7% of the participant's annual compensation for the years ended June 30, 2024 and 2023. In 2023, the retirement plan was modified to include safe harbor provisions such that of the 7% contributed, 4% was profit sharing and 3% was in accordance with the safe harbor provisions. In addition, the Plan also provides a 401(k) plan, which allows eligible employees to contribute a percentage of their compensation subject to IRS limitations, of which the Plan matches up to 3% of employee annual compensation.

For the combined plans, total deductions from plan assets related to retirement costs for the years ended June 30, 2024 and 2023, approximated \$1,195,000 and \$1,012,000, respectively.

Note 10 – Leases

The Plan, in connection with its affiliates, leases office space for its headquarters in Irvine, California, for field offices in Bakersfield, El Centro, Fresno, Modesto, Salinas, and Santa Maria, California, and for the Yuma, Arizona field office. The headquarters location is a shared lease liability which, as a result of the adoption of Topic 842, resulted in the Plan recognizing approximately \$1,492,000 in operating lease ROU assets and operating lease liabilities for its allocable portion of this lease. The Plan recognizes renewal option periods in the determinations of ROU assets and lease liabilities, if applicable. Leases for the Plan's field office locations are in the name of one or more of the Plan's affiliates and are therefore not ROU assets or liabilities of the Plan, but rather are included in short-term lease obligations based on periodic evaluation and allocations of space utilized.

Western Growers Assurance Trust

Notes to Financial Statements

For the year ended June 30, 2024, components of operating net lease costs, which were included in rent expense in the accompanying statement of changes in net assets available for benefits, were as follows:

	2024	2023
Base operating lease cost	\$ 278,850	\$ 24,864
Short-term lease cost	175,896	885,690
Variable operating lease cost	233,911	468,808
Total operating net lease cost	<u>\$ 688,657</u>	<u>\$ 1,379,362</u>

The following table provides the supplemental information related to operating leases for the purpose of the measurement of operating lease liabilities at or for the year ended June 30, 2024:

	2024	2023
Operating cash flows from operating leases	\$ 200,595	\$ 24,962
Weighted-average remaining lease term	3.92	4.92
Weighted-average discount rate	2.88%	2.88%

As of June 30, 2024, the future minimum payments required under operating leases are as follows:

Years Ending June 30,	
2025	\$ 311,197
2026	321,950
2027	332,831
2028	315,422
2029	-
Total undiscounted cash flows	1,281,400
Less present value discount	<u>(189,238)</u>
Total operating lease liabilities	<u>\$ 1,092,162</u>

Note 11 – Contingencies

The Plan is party to various legal actions arising in the normal course of business. In the opinion of management, resolution of such matters will not have a material adverse effect on the financial position or change in net assets of the Plan.

Western Growers Assurance Trust

Notes to Financial Statements

Note 12 – Reconciliation with Form 5500

In accordance with GAAP, the Plan does not record benefit obligations as a liability in the statements of net assets available for benefits. Therefore, the net assets differ from that reported on Form 5500 as follows at June 30:

	2024	2023
Net assets available for benefits per financial statements	\$ 127,288,489	\$ 114,978,694
Less: total benefit obligations due to insurance companies	<u>37,844,417</u>	<u>44,770,873</u>
Net assets available for benefits per Form 5500	<u>\$ 89,444,072</u>	<u>\$ 70,207,821</u>

The following table reconciles certain balances as presented in the statements of changes in net assets available for benefits to the Form 5500 for the years ended June 30:

	2024	2023
Benefits paid to participants per statements of changes in net assets available for benefits	\$ 152,697,167	\$ 152,638,392
Net adjustments in amounts currently payable to or for participants, beneficiaries, and dependents	<u>(6,817,279)</u>	<u>559,191</u>
Benefits paid to participants per Form 5500	<u>\$ 145,879,888</u>	<u>\$ 153,197,583</u>

Note 13 – Subsequent Events

The Plan evaluated events or transactions that occurred subsequent to the date of the financial statements through November 13, 2024, the date the accompanying financial statements were available to be issued, for potential recognition or disclosure in the financial statements, and determined no subsequent matters required disclosure or adjustment to the accompanying financial statements.

Supplementary Information

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Par value or number of shares	(d) Cost	(e) Current value
	Money market funds			
	WFB INSTITUTIONAL BANK DEPOSIT ACCOUNT	5,222,613	\$ 5,222,613	\$ 5,222,613
	Mutual funds			
	BLACKROCK CAPITAL APPRECIATION FUND INC CLASS A	85,960	2,351,478	3,355,037
	DOUBLELINE INCOME SOLUTIONS FUND	76,047	1,004,754	952,108
	FIDELITY ADVISOR GROWTH OPPORTUNITIES FUND CLASS A	14,137	1,324,363	2,255,088
	FIDELITY ADVISOR INTERNATIONAL GROWTH FUND A	93,430	1,092,069	1,881,682
	FIDELITY ADVISOR NEW INSIGHTS FUND- CLASS A #1277	82,613	2,453,251	3,330,949
	FRANKLIN CUSTODIAN FDS INC GROWTH SER	23,155	2,054,483	3,252,800
	FRANKLIN DYNATECH FUND CLASS A #108	23,350	1,194,507	3,835,786
	FRANKLIN GROWTH OPPORTUNITIES FUND-A #462	56,010	2,111,464	2,850,327
	GOLDMAN SACHS STRUCTURED LARGE CAP GROWTH FUND CLASS A #851	111,994	2,948,314	3,516,604
	ISHARES PREFERRED AND INCOME SECURITIES ETF	92,296	3,111,818	2,911,939
	IVY LARGE CAP GROWTH A#667	108,892	2,366,006	3,746,974
	VIRTUS HEALTH SCIENCES FUND #4059	70,056	2,228,923	2,152,812
	VIRTUS ZEVENBERGEN TECHNOLOGY FUND CLASS A #4060	94,827	5,038,757	5,461,097
	PACER INDUSTRIAL REAL ESTATE ETF	18,049	1,010,832	682,613
	PACER TRENDPIOT 750 ETF	23,776	1,002,376	1,183,094
	PACER US CASH COWS 100 ETF	30,000	1,473,943	1,634,700
	SPDR S & P 500 ETF TRUST	6,289	2,602,451	3,422,600
	AMPLIFY HIGH INCOME ETF	44,889	502,370	539,117
	FIRST TRUST INTERMEDIATE DURATION PREFERRED & INCOME FUND	37,365	558,040	686,395
	INVESCO QQQ TRUST SERIES 1	2,683	1,005,192	1,285,451
			37,435,391	48,937,173
	Corporate notes, bonds, and preferred stocks			
	TRUIST FIN CORP SER N	500,000	\$ 479,375	\$ 491,280
	PNC FINANCIAL SERVICES SER R	500,000	487,500	502,340
	US BANCORP SER B	10,000	235,254	212,700
			1,202,129	1,206,320
	U.S. government securities, federal agencies and municipalities			
	WINDSOR CA UNIF SCH DIST REF	250,000	\$ 251,306	\$ 248,465
	LOS ANGELES CALIFORNIA DEPT OF WTR POWER REVENUE	385,000	386,509	385,000
	LOS ANGELES CALIFORNIA DEPT OF WTR POWER REVENUE	115,000	115,451	115,371
	US TREASURY NOTE DTD 05/15/20 0.625 05/15/2030	13,000,000	12,345,313	10,508,160
	US TREASURY NOTE DTD 06/30/20 0.500 06/30/2027	10,000,000	9,225,822	8,885,600
	UNITED STATES TREASURY BILLS DTD 11/02/2023 DUE 10/31/2024	6,000,000	5,716,988	5,894,760
	UNITED STATES TREASURY BILLS DTD 01/25/2024 DUE 07/25/2024	3,000,000	2,965,905	2,989,530
	UNITED STATES TREASURY BILLS DTD 02/29/2024 DUE 08/29/2024	12,000,000	11,863,475	11,896,680
	UNITED STATES TREASURY BILLS DTD 11/02/2023 DUE 10/31/2024	4,000,000	3,811,326	3,929,840
	UNITED STATES TREASURY BILLS DTD 01/25/2024 DUE 07/25/2024	5,000,000	4,943,175	4,982,550
	UNITED STATES TREASURY BILLS DTD 02/29/2024 DUE 08/29/2024	17,000,000	16,806,589	16,853,630
	FEDERAL HOME LOAN BANK DTD 02/22/2023 5.470% 02/22/2028	745,000	745,298	743,123
			69,177,157	67,432,709
			\$ 113,037,290	\$ 122,798,815

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) Single Reportable Transactions in excess of 5% of Plan Assets which amount in the aggregate within the plan year to more than 5% of the current value of plan assets								
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	\$ -	\$ 6,920,530	\$ -	\$ -	\$ 6,920,530	\$ 6,920,530	\$ -
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	15,463,554	-	-	15,463,554	15,463,554	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	11,863,475	-	-	11,863,475	11,863,475	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	12,831,715	-	-	12,831,715	12,831,715	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	7,709,952	-	-	7,709,952	7,709,952	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	7,898,893	-	-	7,898,893	7,898,893	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	9,930,833	-	-	9,930,833	9,930,833	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	16,806,589	-	-	16,806,589	16,806,589	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	7,000,000	-	-	-	7,000,000	7,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	14,000,000	-	-	-	14,000,000	14,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	8,000,000	-	-	-	8,000,000	8,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	8,000,000	-	-	-	8,000,000	8,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	8,000,000	-	-	-	8,000,000	8,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
WESTERN GROWERS FINANCIAL SERV	912796XQ7 - U.S. TREASURY BILLS 7/13/23	-	6,924,050	-	-	6,924,050	6,924,050	-
WESTERN GROWERS FINANCIAL SERV	912796YH6 - U.S. TREASURY BILLS 9/07/23	-	9,649,492	-	-	9,649,492	9,649,492	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	6,920,530	-	-	-	6,920,530	6,920,530	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	-	13,763,162	-	-	13,763,162	13,763,162	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	-	9,830,830	-	-	9,830,830	9,830,830	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	9,746,565	-	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	-	9,746,565	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	12,831,715	-	-	-	12,831,715	12,831,715	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	7,896,440	-	-	7,896,440	7,896,440	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	5,716,988	-	-	-	5,716,988	5,716,988	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	7,898,893	-	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	-	7,898,893	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	9,930,833	-	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	-	9,930,833	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	11,863,475	-	-	-	11,863,475	11,863,475	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	16,806,589	-	-	-	16,806,589	16,806,589	-

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (ii) Series of Reportable Transactions with the Same Person/Broker which amount in the aggregate within the plan year to more than 5% of the current value of plan assets								
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	\$ 6,920,530	\$ -	\$ -	\$ -	\$ 6,920,530	\$ 6,920,530	\$ -
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	4,943,235	-	-	-	4,943,235	4,943,235	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	3,948,220	-	-	-	3,948,220	3,948,220	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	12,831,715	-	-	-	12,831,715	12,831,715	-
WESTERN GROWERS FINANCIAL SERV	78462F103 - SPDR S & P 500 ETF TRUST ETF	1,005,145	-	-	5,001	1,005,145	1,005,145	-
WESTERN GROWERS FINANCIAL SERV	46090E103 - INVESCO QQQ TRUST SERIES 1	1,005,192	-	-	5,001	1,005,192	1,005,192	-
WESTERN GROWERS FINANCIAL SERV	464288687 - ISHARES PREFERRED & INCOME S ETF	1,005,249	-	-	5,001	1,005,249	1,005,249	-
WESTERN GROWERS FINANCIAL SERV	258622109 - DOUBLELINE INCOME SOLUTIONS	504,381	-	-	2,509	504,381	504,381	-
WESTERN GROWERS FINANCIAL SERV	032108847 - AMPLIFY HIGH INCOME ETF	502,370	-	-	2,499	502,370	502,370	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	443,516	-	-	2,207	443,516	443,516	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	114,524	-	-	570	114,524	114,524	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	9,746,565	-	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	5,716,988	-	-	-	5,716,988	5,716,988	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	3,898,626	-	-	-	3,898,626	3,898,626	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	3,811,326	-	-	-	3,811,326	3,811,326	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	4,935,275	-	-	4,935,275	4,935,275	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	2,962,085	-	-	-	2,962,085	2,962,085	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	7,898,893	-	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	3130AUX33 - FHLB 5.47% 2/22/28	745,298	-	-	-	745,298	745,298	-
WESTERN GROWERS FINANCIAL SERV	89832QAD1 - VR TRUIST FIN CORP 4.8% 3/01/69	479,375	-	-	-	479,375	479,375	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	993,083	-	-	-	993,083	993,083	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	9,930,833	-	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	2,965,905	-	-	-	2,965,905	2,965,905	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	4,943,175	-	-	-	4,943,175	4,943,175	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	11,863,475	-	-	-	11,863,475	11,863,475	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	16,806,589	-	-	-	16,806,589	16,806,589	-

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (iii) Series of Reportable Transactions by Issue within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets								
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	\$ 125,073,907	\$ -	\$ -	\$ -	\$ 125,073,907	\$ 125,073,907	\$ -
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	123,005,743	-	-	123,005,743	123,005,743	-
WESTERN GROWERS FINANCIAL SERV	912796CS6 - U.S. TREASURY BILLS 9/28/23	-	8,894,088	-	-	8,894,088	8,894,088	-
WESTERN GROWERS FINANCIAL SERV	912796XQ7 - U.S. TREASURY BILLS 7/13/23	-	11,869,800	-	-	11,869,800	11,869,800	-
WESTERN GROWERS FINANCIAL SERV	912796YH6 - U.S. TREASURY BILLS 9/07/23	-	9,649,492	-	-	9,649,492	9,649,492	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/ 12/23	11,863,765	-	-	-	11,863,765	11,863,765	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/ 12/23	-	23,593,992	-	-	23,593,992	23,593,992	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	13,645,191	-	-	-	13,645,191	13,645,191	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	-	13,645,191	-	-	13,645,191	13,645,191	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	16,779,935	-	-	-	16,779,935	16,779,935	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	16,779,935	-	-	16,779,935	16,779,935	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/ 31/24	9,528,314	-	-	-	9,528,314	9,528,314	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	10,860,978	-	-	-	10,860,978	10,860,978	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	-	10,860,978	-	-	10,860,978	10,860,978	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	7,909,080	-	-	-	7,909,080	7,909,080	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	10,923,916	-	-	-	10,923,916	10,923,916	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	-	10,923,916	-	-	10,923,916	10,923,916	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	28,670,064	-	-	-	28,670,064	28,670,064	-

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (iv) Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets								
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	\$ 6,920,530	\$ -	\$ -	\$ -	\$ 6,920,530	\$ 6,920,530	\$ -
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	4,943,235	-	-	-	4,943,235	4,943,235	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	3,948,220	-	-	-	3,948,220	3,948,220	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	12,831,715	-	-	-	12,831,715	12,831,715	-
WESTERN GROWERS FINANCIAL SERV	78462F103 - SPDR S & P 500 ETF TRUST ETF	1,005,145	-	-	5,001	1,005,145	1,005,145	-
WESTERN GROWERS FINANCIAL SERV	46090E103 - INVESCO QQQ TRUST SERIES 1	1,005,192	-	-	5,001	1,005,192	1,005,192	-
WESTERN GROWERS FINANCIAL SERV	464288687 - ISHARES PREFERRED & INCOME S ETF	1,005,249	-	-	5,001	1,005,249	1,005,249	-
WESTERN GROWERS FINANCIAL SERV	258622109 - DOUBLELINE INCOME SOLUTIONS	504,381	-	-	2,509	504,381	504,381	-
WESTERN GROWERS FINANCIAL SERV	032108847 - AMPLIFY HIGH INCOME ETF	502,370	-	-	2,499	502,370	502,370	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	443,516	-	-	2,207	443,516	443,516	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	114,524	-	-	570	114,524	114,524	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	9,746,565	-	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	5,716,988	-	-	-	5,716,988	5,716,988	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	3,898,626	-	-	-	3,898,626	3,898,626	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	3,811,326	-	-	-	3,811,326	3,811,326	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	4,935,275	-	-	4,935,275	4,935,275	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	2,962,085	-	-	-	2,962,085	2,962,085	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	7,898,893	-	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	3130AUX33 - FHLB 5.47% 2/22/28	745,298	-	-	-	745,298	745,298	-
WESTERN GROWERS FINANCIAL SERV	89832QAD1 - VR TRUIST FIN CORP 4.8% 3/01/69	479,375	-	-	-	479,375	479,375	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	993,083	-	-	-	993,083	993,083	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	9,930,833	-	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	2,965,905	-	-	-	2,965,905	2,965,905	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	4,943,175	-	-	-	4,943,175	4,943,175	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	11,863,475	-	-	-	11,863,475	11,863,475	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	16,806,589	-	-	-	16,806,589	16,806,589	-



Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Par value or number of shares	(d) Cost	(e) Current value
	Money market funds			
	WFB INSTITUTIONAL BANK DEPOSIT ACCOUNT	5,222,613	\$ 5,222,613	\$ 5,222,613
	Mutual funds			
	BLACKROCK CAPITAL APPRECIATION FUND INC CLASS A	85,960	2,351,478	3,355,037
	DOUBLELINE INCOME SOLUTIONS FUND	76,047	1,004,754	952,108
	FIDELITY ADVISOR GROWTH OPPORTUNITIES FUND CLASS A	14,137	1,324,363	2,255,088
	FIDELITY ADVISOR INTERNATIONAL GROWTH FUND A	93,430	1,092,069	1,881,682
	FIDELITY ADVISOR NEW INSIGHTS FUND- CLASS A #1277	82,613	2,453,251	3,330,949
	FRANKLIN CUSTODIAN FDS INC GROWTH SER	23,155	2,054,483	3,252,800
	FRANKLIN DYNATECH FUND CLASS A #108	23,350	1,194,507	3,835,786
	FRANKLIN GROWTH OPPORTUNITIES FUND-A #462	56,010	2,111,464	2,850,327
	GOLDMAN SACHS STRUCTURED LARGE CAP GROWTH FUND CLASS A #851	111,994	2,948,314	3,516,604
	ISHARES PREFERRED AND INCOME SECURITIES ETF	92,296	3,111,818	2,911,939
	IVY LARGE CAP GROWTH A#667	108,892	2,366,006	3,746,974
	VIRTUS HEALTH SCIENCES FUND #4059	70,056	2,228,923	2,152,812
	VIRTUS ZEVENBERGEN TECHNOLOGY FUND CLASS A #4060	94,827	5,038,757	5,461,097
	PACER INDUSTRIAL REAL ESTATE ETF	18,049	1,010,832	682,613
	PACER TRENDPIOT 750 ETF	23,776	1,002,376	1,183,094
	PACER US CASH COWS 100 ETF	30,000	1,473,943	1,634,700
	SPDR S & P 500 ETF TRUST	6,289	2,602,451	3,422,600
	AMPLIFY HIGH INCOME ETF	44,889	502,370	539,117
	FIRST TRUST INTERMEDIATE DURATION PREFERRED & INCOME FUND	37,365	558,040	686,395
	INVESCO QQQ TRUST SERIES 1	2,683	1,005,192	1,285,451
			37,435,391	48,937,173
	Corporate notes, bonds, and preferred stocks			
	TRUIST FIN CORP SER N	500,000	\$ 479,375	\$ 491,280
	PNC FINANCIAL SERVICES SER R	500,000	487,500	502,340
	US BANCORP SER B	10,000	235,254	212,700
			1,202,129	1,206,320
	U.S. government securities, federal agencies and municipalities			
	WINDSOR CA UNIF SCH DIST REF	250,000	\$ 251,306	\$ 248,465
	LOS ANGELES CALIFORNIA DEPT OF WTR POWER REVENUE	385,000	386,509	385,000
	LOS ANGELES CALIFORNIA DEPT OF WTR POWER REVENUE	115,000	115,451	115,371
	US TREASURY NOTE DTD 05/15/20 0.625 05/15/2030	13,000,000	12,345,313	10,508,160
	US TREASURY NOTE DTD 06/30/20 0.500 06/30/2027	10,000,000	9,225,822	8,885,600
	UNITED STATES TREASURY BILLS DTD 11/02/2023 DUE 10/31/2024	6,000,000	5,716,988	5,894,760
	UNITED STATES TREASURY BILLS DTD 01/25/2024 DUE 07/25/2024	3,000,000	2,965,905	2,989,530
	UNITED STATES TREASURY BILLS DTD 02/29/2024 DUE 08/29/2024	12,000,000	11,863,475	11,896,680
	UNITED STATES TREASURY BILLS DTD 11/02/2023 DUE 10/31/2024	4,000,000	3,811,326	3,929,840
	UNITED STATES TREASURY BILLS DTD 01/25/2024 DUE 07/25/2024	5,000,000	4,943,175	4,982,550
	UNITED STATES TREASURY BILLS DTD 02/29/2024 DUE 08/29/2024	17,000,000	16,806,589	16,853,630
	FEDERAL HOME LOAN BANK DTD 02/22/2023 5.470% 02/22/2028	745,000	745,298	743,123
			69,177,157	67,432,709
			\$ 113,037,290	\$ 122,798,815

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) Single Reportable Transactions in excess of 5% of Plan Assets which amount in the aggregate within the plan year to more than 5% of the current value of plan assets								
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	\$ -	\$ 6,920,530	\$ -	\$ -	\$ 6,920,530	\$ 6,920,530	\$ -
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	15,463,554	-	-	15,463,554	15,463,554	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	11,863,475	-	-	11,863,475	11,863,475	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	12,831,715	-	-	12,831,715	12,831,715	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	7,709,952	-	-	7,709,952	7,709,952	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	7,898,893	-	-	7,898,893	7,898,893	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	9,930,833	-	-	9,930,833	9,930,833	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	16,806,589	-	-	16,806,589	16,806,589	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	7,000,000	-	-	-	7,000,000	7,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	14,000,000	-	-	-	14,000,000	14,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	8,000,000	-	-	-	8,000,000	8,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	8,000,000	-	-	-	8,000,000	8,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	8,000,000	-	-	-	8,000,000	8,000,000	-
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	10,000,000	-	-	-	10,000,000	10,000,000	-
WESTERN GROWERS FINANCIAL SERV	912796XQ7 - U.S. TREASURY BILLS 7/13/23	-	6,924,050	-	-	6,924,050	6,924,050	-
WESTERN GROWERS FINANCIAL SERV	912796YH6 - U.S. TREASURY BILLS 9/07/23	-	9,649,492	-	-	9,649,492	9,649,492	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	6,920,530	-	-	-	6,920,530	6,920,530	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	-	13,763,162	-	-	13,763,162	13,763,162	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	-	9,830,830	-	-	9,830,830	9,830,830	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	9,746,565	-	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	-	9,746,565	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	12,831,715	-	-	-	12,831,715	12,831,715	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	7,896,440	-	-	7,896,440	7,896,440	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	5,716,988	-	-	-	5,716,988	5,716,988	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	7,898,893	-	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	-	7,898,893	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	9,930,833	-	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	-	9,930,833	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	11,863,475	-	-	-	11,863,475	11,863,475	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	16,806,589	-	-	-	16,806,589	16,806,589	-

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (ii) Series of Reportable Transactions with the Same Person/Broker which amount in the aggregate within the plan year to more than 5% of the current value of plan assets								
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	\$ 6,920,530	\$ -	\$ -	\$ -	\$ 6,920,530	\$ 6,920,530	\$ -
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	4,943,235	-	-	-	4,943,235	4,943,235	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	3,948,220	-	-	-	3,948,220	3,948,220	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	12,831,715	-	-	-	12,831,715	12,831,715	-
WESTERN GROWERS FINANCIAL SERV	78462F103 - SPDR S & P 500 ETF TRUST ETF	1,005,145	-	-	5,001	1,005,145	1,005,145	-
WESTERN GROWERS FINANCIAL SERV	46090E103 - INVESCO QQQ TRUST SERIES 1	1,005,192	-	-	5,001	1,005,192	1,005,192	-
WESTERN GROWERS FINANCIAL SERV	464288687 - ISHARES PREFERRED & INCOME S ETF	1,005,249	-	-	5,001	1,005,249	1,005,249	-
WESTERN GROWERS FINANCIAL SERV	258622109 - DOUBLELINE INCOME SOLUTIONS	504,381	-	-	2,509	504,381	504,381	-
WESTERN GROWERS FINANCIAL SERV	032108847 - AMPLIFY HIGH INCOME ETF	502,370	-	-	2,499	502,370	502,370	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	443,516	-	-	2,207	443,516	443,516	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	114,524	-	-	570	114,524	114,524	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	9,746,565	-	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	5,716,988	-	-	-	5,716,988	5,716,988	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	3,898,626	-	-	-	3,898,626	3,898,626	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	3,811,326	-	-	-	3,811,326	3,811,326	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	4,935,275	-	-	4,935,275	4,935,275	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	2,962,085	-	-	-	2,962,085	2,962,085	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	7,898,893	-	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	3130AUX33 - FHLB 5.47% 2/22/28	745,298	-	-	-	745,298	745,298	-
WESTERN GROWERS FINANCIAL SERV	89832QAD1 - VR TRUIST FIN CORP 4.8% 3/01/69	479,375	-	-	-	479,375	479,375	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	993,083	-	-	-	993,083	993,083	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	9,930,833	-	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	2,965,905	-	-	-	2,965,905	2,965,905	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	4,943,175	-	-	-	4,943,175	4,943,175	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	11,863,475	-	-	-	11,863,475	11,863,475	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	16,806,589	-	-	-	16,806,589	16,806,589	-

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (iii) Series of Reportable Transactions by Issue within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets								
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	\$ 125,073,907	\$ -	\$ -	\$ -	\$ 125,073,907	\$ 125,073,907	\$ -
PRINCIPAL CUSTODY SOLUTIONS	PRINCIPAL DEPOSIT SWEEP PROGRAM	-	123,005,743	-	-	123,005,743	123,005,743	-
WESTERN GROWERS FINANCIAL SERV	912796CS6 - U.S. TREASURY BILLS 9/28/23	-	8,894,088	-	-	8,894,088	8,894,088	-
WESTERN GROWERS FINANCIAL SERV	912796XQ7 - U.S. TREASURY BILLS 7/13/23	-	11,869,800	-	-	11,869,800	11,869,800	-
WESTERN GROWERS FINANCIAL SERV	912796YH6 - U.S. TREASURY BILLS 9/07/23	-	9,649,492	-	-	9,649,492	9,649,492	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/ 12/23	11,863,765	-	-	-	11,863,765	11,863,765	-
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/ 12/23	-	23,593,992	-	-	23,593,992	23,593,992	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	13,645,191	-	-	-	13,645,191	13,645,191	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	-	13,645,191	-	-	13,645,191	13,645,191	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	16,779,935	-	-	-	16,779,935	16,779,935	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	16,779,935	-	-	16,779,935	16,779,935	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/ 31/24	9,528,314	-	-	-	9,528,314	9,528,314	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	10,860,978	-	-	-	10,860,978	10,860,978	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	-	10,860,978	-	-	10,860,978	10,860,978	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	7,909,080	-	-	-	7,909,080	7,909,080	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	10,923,916	-	-	-	10,923,916	10,923,916	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	-	10,923,916	-	-	10,923,916	10,923,916	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	28,670,064	-	-	-	28,670,064	28,670,064	-

Western Growers Assurance Trust
EIN: 95-2500201 Plan #: 501
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of assets (includes interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (iv) Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets								
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	\$ 6,920,530	\$ -	\$ -	\$ -	\$ 6,920,530	\$ 6,920,530	\$ -
WESTERN GROWERS FINANCIAL SERV	912797FA0 - U.S. TREASURY BILLS 10/12/23	4,943,235	-	-	-	4,943,235	4,943,235	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	3,948,220	-	-	-	3,948,220	3,948,220	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	12,831,715	-	-	-	12,831,715	12,831,715	-
WESTERN GROWERS FINANCIAL SERV	78462F103 - SPDR S & P 500 ETF TRUST ETF	1,005,145	-	-	5,001	1,005,145	1,005,145	-
WESTERN GROWERS FINANCIAL SERV	46090E103 - INVESCO QQQ TRUST SERIES 1	1,005,192	-	-	5,001	1,005,192	1,005,192	-
WESTERN GROWERS FINANCIAL SERV	464288687 - ISHARES PREFERRED & INCOME S ETF	1,005,249	-	-	5,001	1,005,249	1,005,249	-
WESTERN GROWERS FINANCIAL SERV	258622109 - DOUBLELINE INCOME SOLUTIONS	504,381	-	-	2,509	504,381	504,381	-
WESTERN GROWERS FINANCIAL SERV	032108847 - AMPLIFY HIGH INCOME ETF	502,370	-	-	2,499	502,370	502,370	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	443,516	-	-	2,207	443,516	443,516	-
WESTERN GROWERS FINANCIAL SERV	33718W103 - FIRST TRUST INTERMEDIATE DUR	114,524	-	-	570	114,524	114,524	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	9,746,565	-	-	-	9,746,565	9,746,565	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	5,716,988	-	-	-	5,716,988	5,716,988	-
WESTERN GROWERS FINANCIAL SERV	912797FH5 - U.S. TREASURY BILLS 5/16/24	3,898,626	-	-	-	3,898,626	3,898,626	-
WESTERN GROWERS FINANCIAL SERV	912797HE0 - U.S. TREASURY BILLS 10/31/24	3,811,326	-	-	-	3,811,326	3,811,326	-
WESTERN GROWERS FINANCIAL SERV	912797GD3 - U.S. TREASURY BILLS 1/18/24	-	4,935,275	-	-	4,935,275	4,935,275	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	2,962,085	-	-	-	2,962,085	2,962,085	-
WESTERN GROWERS FINANCIAL SERV	912797HG5 - U.S. TREASURY BILLS 4/25/24	7,898,893	-	-	-	7,898,893	7,898,893	-
WESTERN GROWERS FINANCIAL SERV	3130AUX33 - FHLB 5.47% 2/22/28	745,298	-	-	-	745,298	745,298	-
WESTERN GROWERS FINANCIAL SERV	89832QAD1 - VR TRUIST FIN CORP 4.8% 3/01/69	479,375	-	-	-	479,375	479,375	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	993,083	-	-	-	993,083	993,083	-
WESTERN GROWERS FINANCIAL SERV	912797JX6 - U.S. TREASURY BILLS 5/21/24	9,930,833	-	-	-	9,930,833	9,930,833	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	2,965,905	-	-	-	2,965,905	2,965,905	-
WESTERN GROWERS FINANCIAL SERV	912797JT5 - U.S. TREASURY BILLS 7/25/24	4,943,175	-	-	-	4,943,175	4,943,175	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	11,863,475	-	-	-	11,863,475	11,863,475	-
WESTERN GROWERS FINANCIAL SERV	912797KD8 - U.S. TREASURY BILLS 8/29/24	16,806,589	-	-	-	16,806,589	16,806,589	-

The Western Growers Assurance Trust list of Participating Employers is available upon request.

Please submit your request to jalexander@wga.com.